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General History Questionnaire

Date: _____

1. General Information:

Name: _____

Address: _____

Email: _____

Telephone Numbers: (Home) _____ (Cell) _____

Birthdate: _____ Age: _____ Sex: M F

Occupation: _____

Employer: _____

Why are you seeking treatment at this time? What symptoms are you current experiencing?

2. Educational /Occupational History:

What is your highest level of education? _____

Are you currently employed? What is your occupation? Who is your employer?

3. Medical Conditions and History:

Please indicate your current and past medical history. How is your general health? Do you have any significant health issues?

Who are your current providers (family physician, specialists)?

Are you taking any medication at this time? If so, which, and what is the dose?

4. Psychiatric History:

Have you ever been in therapy before? Please list prior treatment, symptoms, diagnoses, and providers.

Have you ever attempted suicide? Yes No If so, when did this occur? Please describe.

Have you ever been hospitalized for your problems? Yes No If so, when and where? Please describe.

Have you ever had a traumatic experience? When did this occur? Who was involved? Please describe.

Is there any history of mental illness in your family? Who? Diagnosis? Y N

5. Family/Significant Relationships:

Father: _____ **Age:** _____
Occupation _____

Describe your relationship when you were growing up:

Describe your current relationship:

Mother: _____ **Age:** _____
Occupation _____

Describe your relationship when you were growing up:

Describe your current relationship:

Siblings/Ages/Occupations:

Describe your relationship when you were growing up:

Describe your current relationship:

What was your home environment like?

Are you married or in a committed relationship? Please describe. What do you like most about your partner? Least? How satisfied are you with your relationship?

Do you have any children? Names and ages

Please describe any other significant relationships. Describe the nature and quality of your relationships. Describe your social support system.

6. Sexuality

What was the attitude toward sex in your home? How did you first learn about sex?

Are there any relevant issues regarding your early or current sexual experiences?

What is your current attitude toward sex? Is your current sexual relationship satisfactory? If not, please describe.

7. Legal History:

Please indicate and legal history including arrests, sentencing, DUI, incarceration, litigation.
